

Affidavit and Revenue Certification

SEVENTH DISTRICT PAVILION, INC ENTITY NAME

ACADIA Parish

CROWLEY, LA (City), State

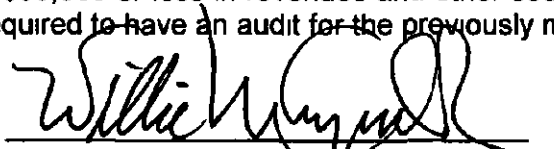
**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)**

The annual sworn financial statements are required by Louisiana Revised Statute 24 514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24 513(l)(1)(c)(i)

Personally came and appeared before the undersigned authority, WILLIE MAYNARD, JR (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of SEVENTH DISTRICT PAVILION, INC (entity name) as of December 31, 2011, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements

(Complete if applicable)

In addition, WILLIE MAYNARD, JR, (officer name), who, duly sworn, deposes and says that SEVENTH DISTRICT PAVILION, INC (entity name) received \$50,000 or less in revenues and other sources for the year ended December 31, 2011, and accordingly, is not required to have an audit for the previously mentioned year


 Officer Signature
Sworn to and subscribed before me this 2ND day of APRIL, 2012
 #67740
 NOTARY PUBLIC

Officer's Name WILLIE MAYNARD, JR
 Officer's Title EXECUTIVE DIRECTOR
 Address 225 N AVENUE C
 CROWLEY, LA 70526
 Phone/Fax/E-mail (337)788-3103
 (337)783-0278 (fax)

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date OCT 03 2012

Wmaynard1@aol.com

**Please return the completed form by March 31 to Office of Legislative Auditor – Local Government Services,
 Post Office Box 94397, Baton Rouge, LA 70804-9397**

Statement A

SEVENTH DISTRICT PAVILION, INC (Agency Name)

Balance Sheet, on December 31, 2011

	General Fund	Other Fund	Total
ASSETS (balances at end of year) -Give brief description:			
1 Cash and cash equivalents on hand	\$ 0 -	\$	\$ 0 -
2 Investments (fair value) on hand			
3 Office furnishings (Cost of desks, etc)			
4 Equipment (Cost of fax machine, etc)			
5 Other (describe)			
6 Total Assets (add lines 1 - 5)	\$ 0 -	\$	\$ 0 -
LIABILITIES AND FUND BALANCE (at end of year):			
7 Liabilities (give brief description)			
8	\$ 0 -	\$	\$ 0 -
9			
10			
11 Total Liabilities (add lines 7 - 10)			
12 Fund balance (amount from Line 16 on Statement B)			
13 Other			
14 Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 0 -	\$	\$ 0 -

Note: Total Assets should equal Total Liabilities and Fund Balance.

Please return the completed form by March 31 to Office of Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement B

SEVENTH DISTRICT PAVILION, INC. (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2011

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1 <u>Louisiana Housing Finance Agency</u>	\$ 40,000 ⁰⁰	\$	\$ 40,000 ⁰⁰
2			
3			
4			
5			
6 Total receipts (add lines 1 - 5)	\$ 40,000 ⁰⁰	\$	\$ 40,000 ⁰⁰
DISBURSEMENTS (Provide Brief Description):			
7 <u>Payroll</u>	\$ 40,000 ⁰⁰	\$	\$ 40,000 ⁰⁰
8			
9			
10			
11			
12			
13 Total Disbursements (add lines 7 - 12)	\$ 40,000 ⁰⁰	\$	\$ 40,000 ⁰⁰
14 Increase (or decrease) in fund balance (Line 6 minus line 13)	\$ -0-	\$	\$ -0-
15 Fund Balance at beginning of year (**see below)	\$ -0-	\$	\$ -0-
16 Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement A	\$ -0-	\$	\$ -0-

** This is the "Fund Balance At End Of Year" From Last Year's Report

APPENDIX 1 APPROVED BUDGET

The CHDO acknowledges and agrees that an aggregate amount equal to the Grand Total enumerated in this APPENDIX 1 shall constitute the Approved Budget for the following items constituting Eligible Costs

I PERSONNEL COSTS (includes salaries, wages, benefits, and other employee compensation).

Position	Salary	Fringe Benefits	Total
Executive Director	\$35000.00		\$35000.00
Housing Director	\$ 5000.00		\$ 5000.00
TOTAL	\$40000.00		\$40000.00

II CONSULTANT COSTS-

III. TRAVEL – *All Travel reimbursements will be in accordance with LHFA Travel Guidelines	
A. In State Travel by employees for purposes of either (i) identifying Project to be owned, developed or sponsored by CHDO or (ii) attending training sessions to enable CHDO to own, develop or sponsor a Project	
B. Out of State Travel by employees for purpose of attending training sessions to enable CHDO to own develop or sponsor a Project, provided, however, that all out of state travel must be approved in advance by the Agency	
TOTAL	

IV. EDUCATION/TRAINING

V. RENT/UTILITIES

VI. COMMUNICATION COSTS

VII. EQUIPMENT

VIII. MATERIALS/OFFICE SUPPLIES

IX. TAXES/INSURANCE

GRAND TOTAL

\$40,000.00